

RELEASE PLAN

State of Michigan
Department of Human Services
Bureau of Juvenile Justice

CASE NAME	DATE OF BIRTH	DHS CASE #
COUNTY	ADMISSION DATE	JJOLT #
JJS PHONE #:	NAME OF FACILITY	COURT CASE # COURT
PHONE #:	CURRENT SECURITY LEVEL	HIGHEST ADJUDICATED OFFENSE COMMITMENT DATE
VICTIM NOTIFICATION REQUEST Yes <input type="checkbox"/> No <input type="checkbox"/>	MOST RECENT RISK LEVEL	DATES COVERED
PARENT or GUARDIAN'S NAME(S) PHONE #:		

I. COURT ORDERS

"Click Here and Type"

II. RELEASE SUMMARY

Describe:

1. **The services and programs currently being utilized by, or offered to, the juvenile and the juvenile's participation in those services or programs (including education, counseling and work programs), which are not included in section IV below.**

"Click Here and Type"

2. **The juveniles willingness to accept responsibility for prior behavior.**

"Click Here and Type"

3. **The juvenile's behavior in the current placement.**

"Click Here and Type"

4. **The juvenile's efforts toward rehabilitation.**

"Click Here and Type"

5. **The physical and mental maturity of the juvenile as they relate to the prior record and character of the juvenile.**

"Click Here and Type"

6. **The juveniles potential for violent conduct as demonstrated by prior behavior.**

"Click Here and Type"

7. **Eligible for release based on the DHS risk reassessment instrument? Make a recommendation for the youth's release or continued custody.**

"Click Here and Type"

III. CASE MANAGEMENT

A. Contacts

<u>Date</u>	<u>Person Contacted</u>	<u>Type of Contact</u>	<u>Purpose</u>
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"Click&Type"

B. Participants:

Resident:	Gave Input	<input type="checkbox"/>	Did Not Give Input	<input type="checkbox"/>
Parent/Guardian:	Gave Input	<input type="checkbox"/>	Did Not Give Input	<input type="checkbox"/>
JJS:	Gave Input	<input type="checkbox"/>	Did Not Give Input	<input type="checkbox"/>
YGL/SW:	Gave Input	<input type="checkbox"/>	Did Not Give Input	<input type="checkbox"/>
Other:	Gave Input	<input type="checkbox"/>	Did Not Give Input	<input type="checkbox"/>

C. If listed participant did not give input, document the reason.

"Click Here and Type"

IV. PROGRESS MADE TOWARDS MEETING TREATMENT GOALS ESTABLISHED IN THE PREVIOUS TREATMENT PLAN.

"Click Here and Type"

V. PROGRESS MADE TOWARDS TREATMENT GOALS ESTABLISHED IN THE PREVIOUS TREATMENT PLAN.

"Click Here and Type"

VI. PROGRESS MADE TOWARDS THE REINTEGRATION PLAN ESTABLISHED IN THE PREVIOUS TREATMENT PLAN.

The Reintegration plan must address the following areas:

- Education
- Ability to obtain and maintain adequate housing
- Ability to manage resources
- Sufficient living skills to live independently
- Realistic goals and expectations
- Acceptable interpersonal relationships
- Economic self sufficiency
- Other

"Click Here and Type"

VII. LIST REMAINING NEEDS (AND PERSONS RESPONSIBLE FOR COMPLETION):

"Click Here and Type"

VIII. RELEASE DISPOSITION (This section must be completed after release and must include the reason for release, name and title of person to whom the youth was released, and the new location of the youth):

"Click Here and Type"

XI. VICTIM'S RIGHTS NOTICES (Describe all contacts. Attach copy of written notices.)

"Click Here and Type"

X. SEX OFFENDER REGISTRATION (When applicable, has the youth been registered and reminded of his/her obligation to notify local law enforcement of each change of address? Attach copies of all completed forms.)

"Click Here and Type"

- XI. DNA PROFILE (When applicable, has the youth's DNA profile sample been submitted to the Michigan State Police? Attach copy of completed DHS-62.)

"Click Here and Type"

The youth and their parent/guardian reviewed this release plan unless otherwise documented above.

Prepared by:

TREATMENT LEADER

COMPLETION DATE: "Click Here and Type"

Approved by:

cc:

Attachments: Delinquent Youth Strengths/Needs Reassessment Report (DHS-4537)
Residential Risk Reassessment (DHS-497)

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.	AUTHORITY: PA 280 OF 1939 PENALTY: None	COMPLETION: Voluntary
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